

Department of Public Health Sciences Travel/Procurement Request Form

Routine
Rush
(within 48hrs)

Name: _____

Date: _____ Faculty Non-Faculty Student

~ Funding Source ~

Faculty Development Fund Research / Grant Department Funds

Other (Please Explain) _____

Project Name/Number (required) _____

~ Travel Expense / Itinerary ~

Estimated Expenses:

Registration Fees: Meals: Ground Trans.:

Airfare: Hotel: Mileage:

Airline Preference: _____ Seating Preference: Window Aisle

Purpose: _____

Departure: Date: Time: AM PM

Return: Date: Time: AM PM

All rental cars require prior approval with justification (attach this to travel request form). Rental cars without prior approval will not be reimbursed. Please include meeting announcement with travel request. Approved requests should be submitted at least three (3) weeks prior to travel. International travel requests should be submitted at least four (4) weeks in advance.

~ Procurement ~

Vendor: _____

Address: _____ City/State/Zip _____

Telephone: Fax

Page #	Stock #	Description	Qty	Unit of Issue	Unit Price	Extension
				Each		
				Each		
				Each		
				Each		

Total: _____

Requestor Signature: _____ Date: _____

Authorized Signature (Funding) _____ Date: _____

TAG _____

Print Form